

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

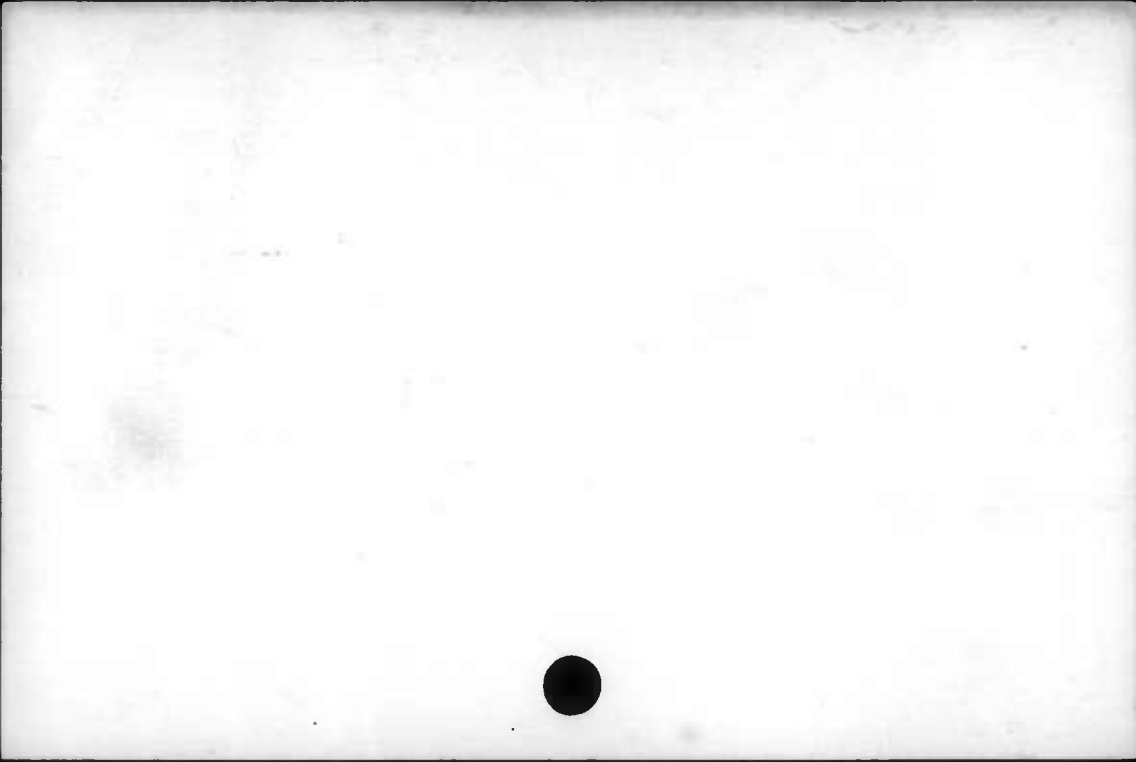
Name in Full <i>Catherine Audraps</i>		Town <i>Choptank</i>		County <i>Caroline</i>		MARYLAND	
Died at <i>Choptank</i>		Month <i>Sept</i>		Day <i>11</i>		Years <i>70</i>	
Date of death <i>1908</i>		Month <i>Sept</i>		Day <i>11</i>		Years <i>70</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Maryland</i>			
Occupation <i>Housewife</i>		Where Residing if not ex place of death <i>—</i>					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Salisbury Audraps</i>					
Father's Name <i>Thomas Stanton</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Catherine Stanton</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving Information <i>Charles E. Audraps</i>		How related to deceased <i>son</i>					

PHYSICIAN  
OR CORONER

## CAUSES OF DEATH

Primary <i>Nephritis</i>	How long <i>24 years</i>
Immediate <i>Paralysis</i>	How long <i>12 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. L. Prober</i>
Accident or Suicida <i>9</i>	Address <i>Bristow Md.</i>

120



Name  
in  
Full

CERTIFICATE OF DEATH

*William Jennings Baker*

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Denton* Town *Orleans* County  
Date of death *1908* *Sept* *15* Age *—* Years *—* Months *—* Days *18*  
Sex *Male* Color or Race *White* Birth-place *Denton*  
Occupation *—* Where Residing if not at place of death *—*  
Married, Single or Widowed *Single* Name of Wife or Husband *—*  
Father's Name *B. B. Baker.* Father's Birthplace *MD*  
Mother's Maiden Name *Sadie Turner.* Mother's Birthplace *MD*  
Name of person giving information *B. B. Baker.* How related to deceased *Father*

CAUSES OF DEATH

*151*

PHYSICIAN  
OR CORONER

Primary *7 month child died from Exhaustion*

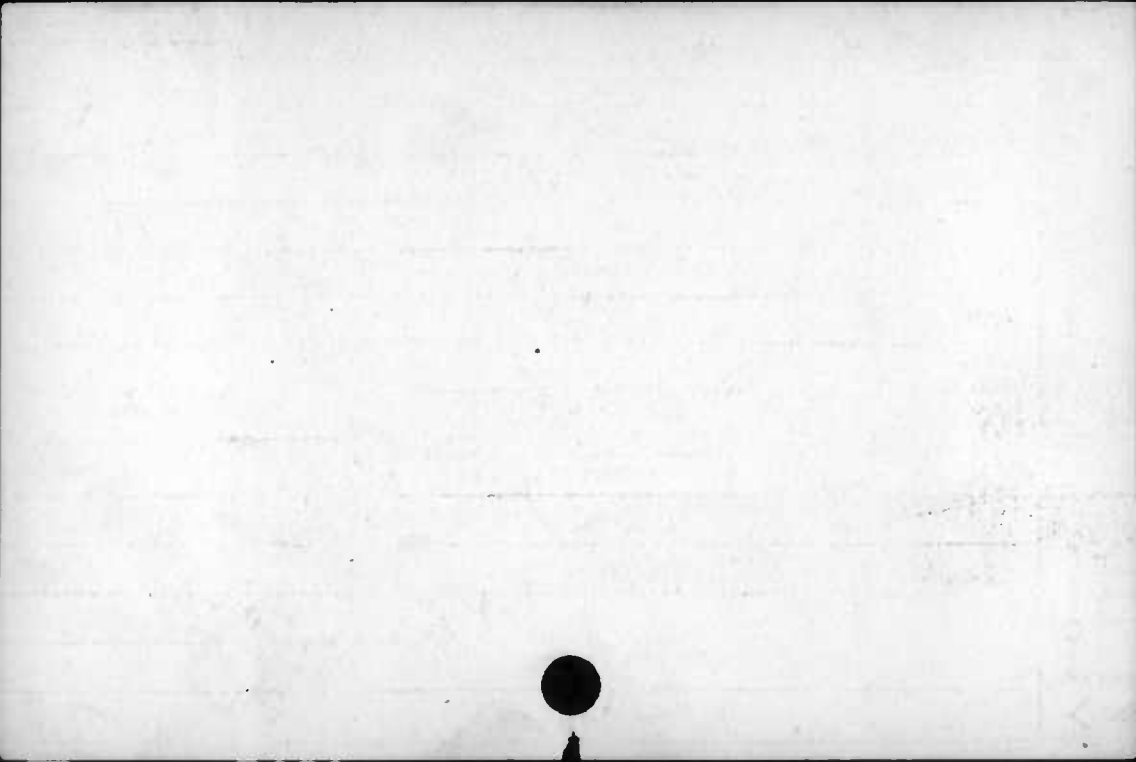
Immediate *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. N. Nichols*

Address *Denton Md.*

Accident or Suicide?



Name  
in  
Full

Annice M Black

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Denton Town Courtney County

Date of death 1908 Month 9 Day 1 Age 71 Years Months — Days —

Sex Female Color or Race Black Birth-place Carroll Co

Occupation Seamstress Where Residing if not at place of death —

Married, Single or Widowed Widow Name of Wife or Husband Levis H. Black

Father's Name Benzonau Dennis Father's Birthplace Ind.

Mother's Maiden Name Clementine Wyatt Mother's Birthplace Ind.

Name of person giving information Sam'l Frozier How related to deceased Daughter

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Heart Disease How long 1 year

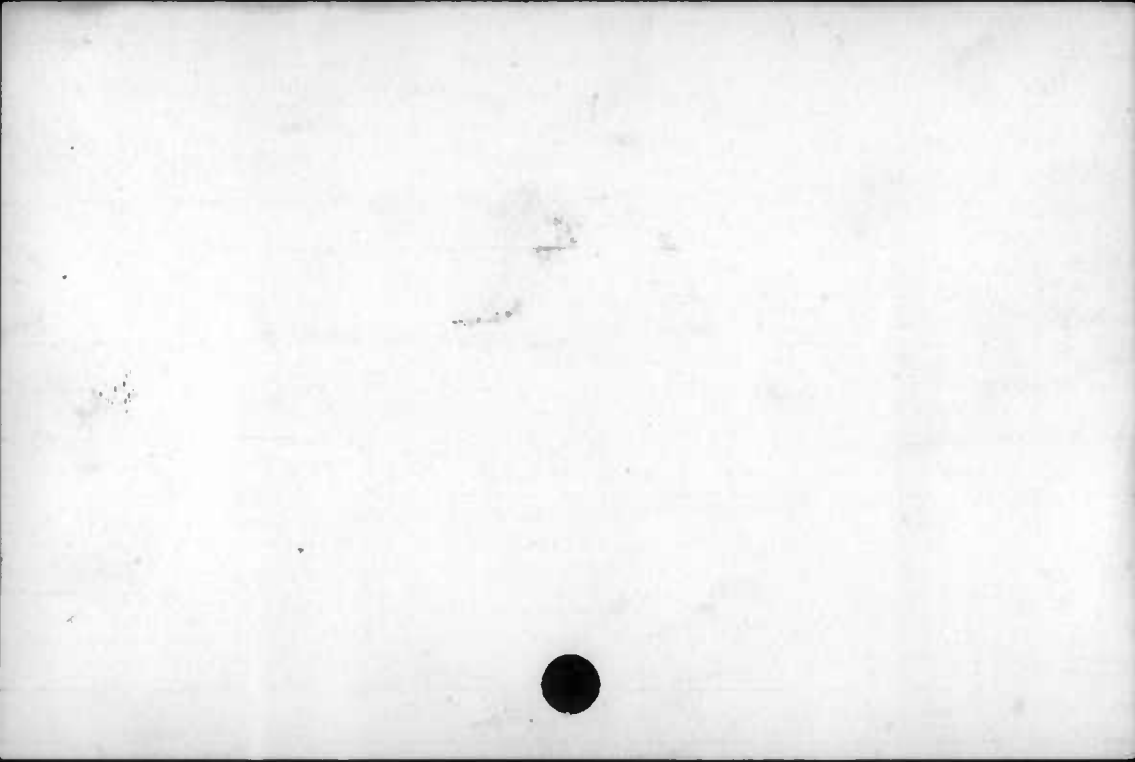
Immediate Heart Disease How long Sudden

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician J. M. Nichols Address Denton Md

Accident or Suicide? —

79



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

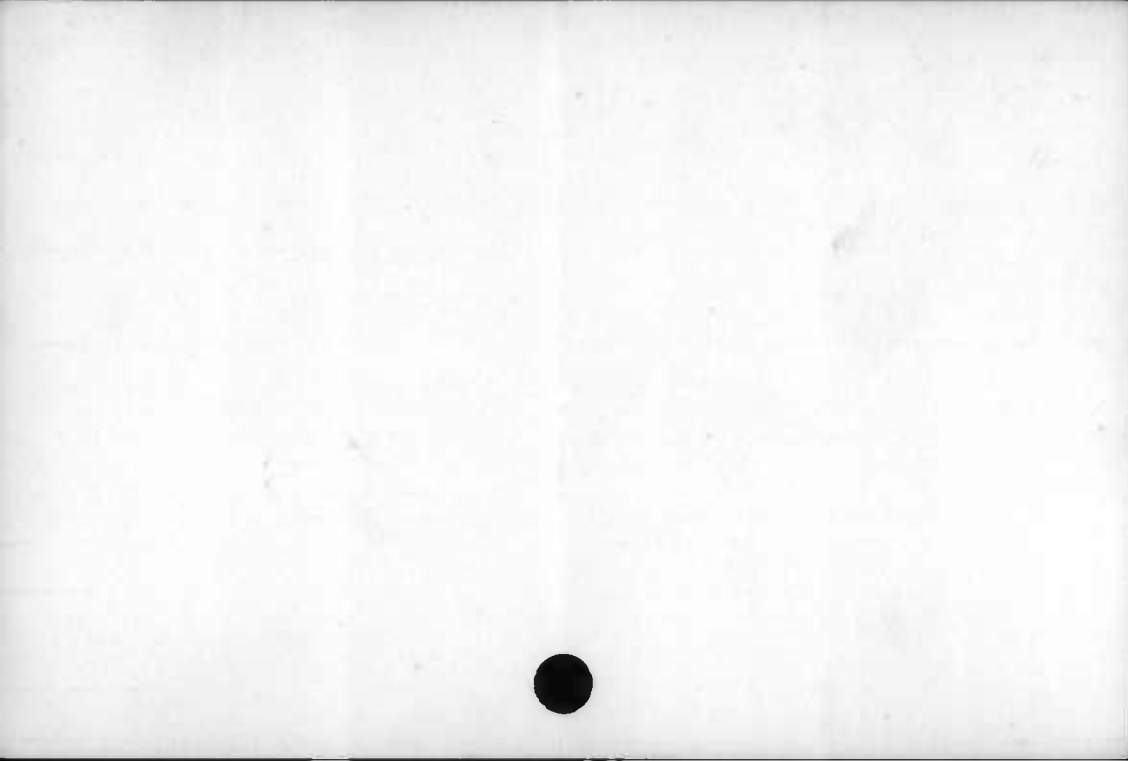
Died at <i>Austin Boulden</i>		Town <i>Federalburg</i>		County <i>Caroline</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>Sep</i>	Day <i>29</i>	Age	Years	Months	Days
Sex <i>male</i>		Color or Race <i>black</i>		Birth-place <i>md</i>			
Occupation <i>none</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband					
Father's Name <i>Bert H Boulden</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Lorraine Evans</i>		Mother's Birthplace <i>md</i>					
Name of person giving information <i>Joe Boulden</i>		How related to deceased <i>uncle</i>					

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	<i>Heart Disease</i>	How long	<i>sudden</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>R Kemp Jefferson</i>	
		Address <i>Federalburg md</i>	
Accident or Suicide?			





Name  
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Marie Bridgeman

## CERTIFICATE OF DEATH

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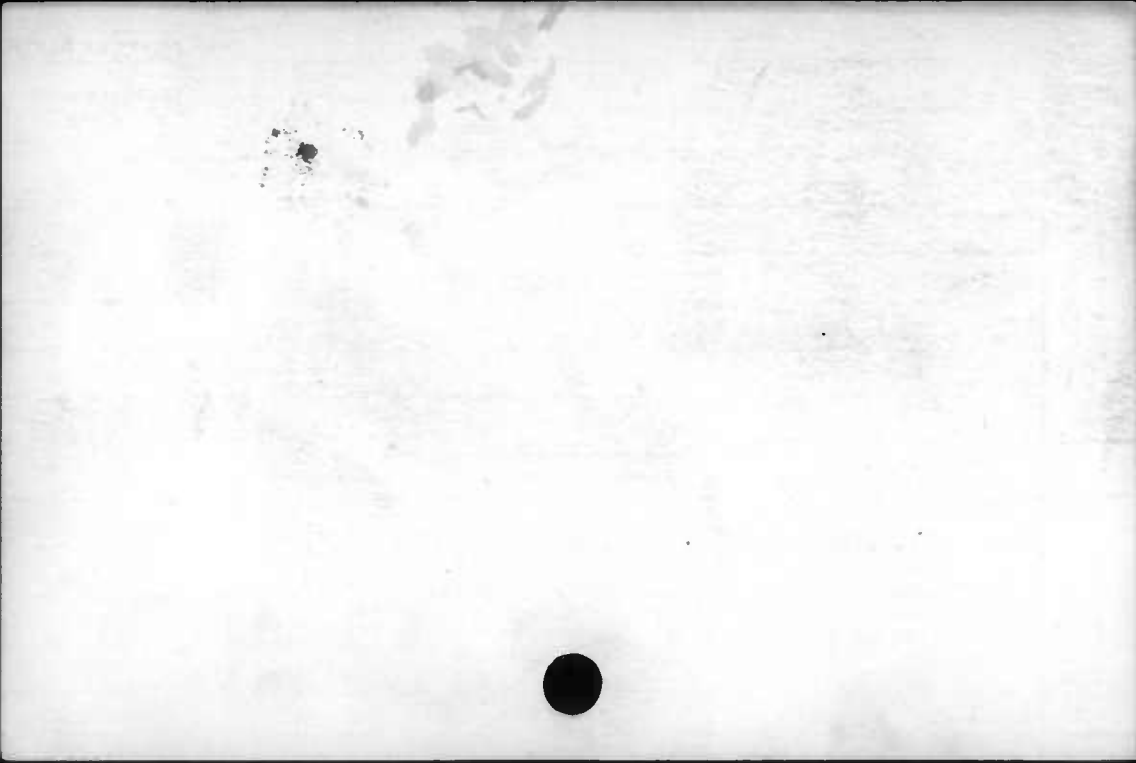
Died at <u>Creston</u> Town		<u>Coralum</u> County		MARYLAND	
Date of death 190 <u>8</u>	Month <u>Sept</u>	Day <u>6</u>	Age	Years <u>3</u>	Months <u>3</u>
Sex <u>Female</u>	Color or Race <u>W</u>		Birth-place <u>W</u>		
Occupation <u>None</u>			Where Residing if not at place of death <u>Prison</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>None</u>			
Father's Name <u>Wm J Bridgeman</u>			Father's Birthplace <u>W</u>		
Mother's Maiden Name <u>Anna Eaton</u>			Mother's Birthplace <u>W</u>		
Name of person giving Information <u>John Bridgeman</u>			How related to deceased <u>Uncle</u>		

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary <u>Inanition</u> ✓	How long <u>4 weeks</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Raymond D. Jones</u>
Accident or Suicide	Address <u>Prison</u>



Name  
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Elizabeth - Bright -

## CERTIFICATE OF DEATH

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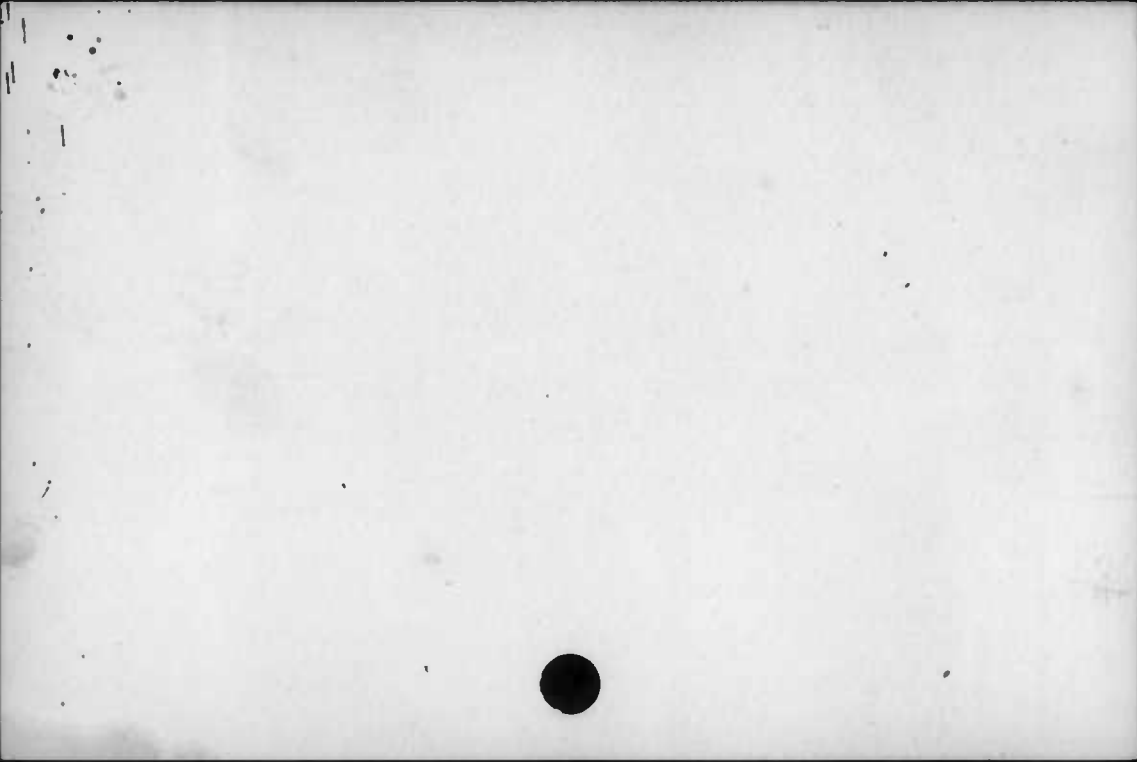
Died at <i>near Greenstown</i>		Town <i>Greenstown</i>		County <i>Caroline</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>Sept.</i>		Day <i>4</i>		Age <i>74</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind.</i>		Months <i>—</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Jno W. Bright</i>					
Father's Name <i>Wesley Baynard</i>		Father's Birthplace <i>Ind.</i>					
Mother's Maiden Name <i>Nancy Cooper</i>		Mother's Birthplace <i>Ind.</i>					
Name of person giving information <i>Wm. Hammons</i>		How related to deceased <i>—</i>					

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <i>Mitral insufficiency</i>		How long <i>5 years</i>	
Immediate <i>Gastritis</i>		How long <i>5 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. B. McNamee</i>	
		Address <i>Greenstown Ind.</i>	
Accident or Suicide? <i>—</i>			



Name  
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CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

No name - Butler  
Died at <sup>Town</sup> near Preston <sup>County</sup> Caroline MARYLAND  
Date of death 1908 <sup>Month</sup> Sept <sup>Day</sup> 25 Age <sup>Years</sup> 2 <sup>Months</sup> hours <sup>Days</sup> —  
Sex Female Color or Race Black Birth-place Maryland  
Occupation — Where Residing if not at place of death Same

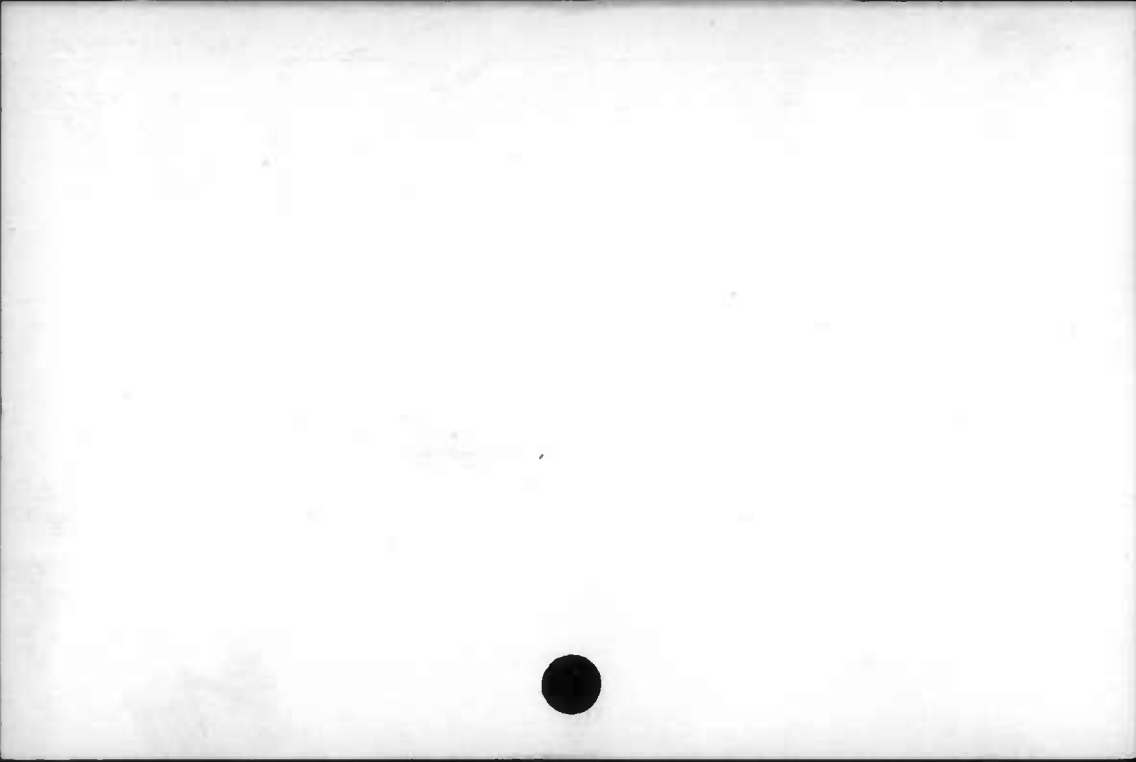
Married, Single or Widowed — Name of Wife or Husband —  
Father's Name Thomas Edward Butler Father's Birthplace Preston Md  
Mother's Maiden Name Annie May Cephas Mother's Birthplace Hedroalpaque  
Name of person giving Information Thos. Edward Butler How related to deceased Father

CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary Premature Delivery from overwork  
Immediate —  
Are the name, age, sex, color, date and place correctly given above? Yes  
Signature of Physician J. L. Fobbe  
Address Preston Md.  
Accident or Suicide No Physician in attendance



Name  
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Full

## CERTIFICATE OF DEATH

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NEAREST FRIEND

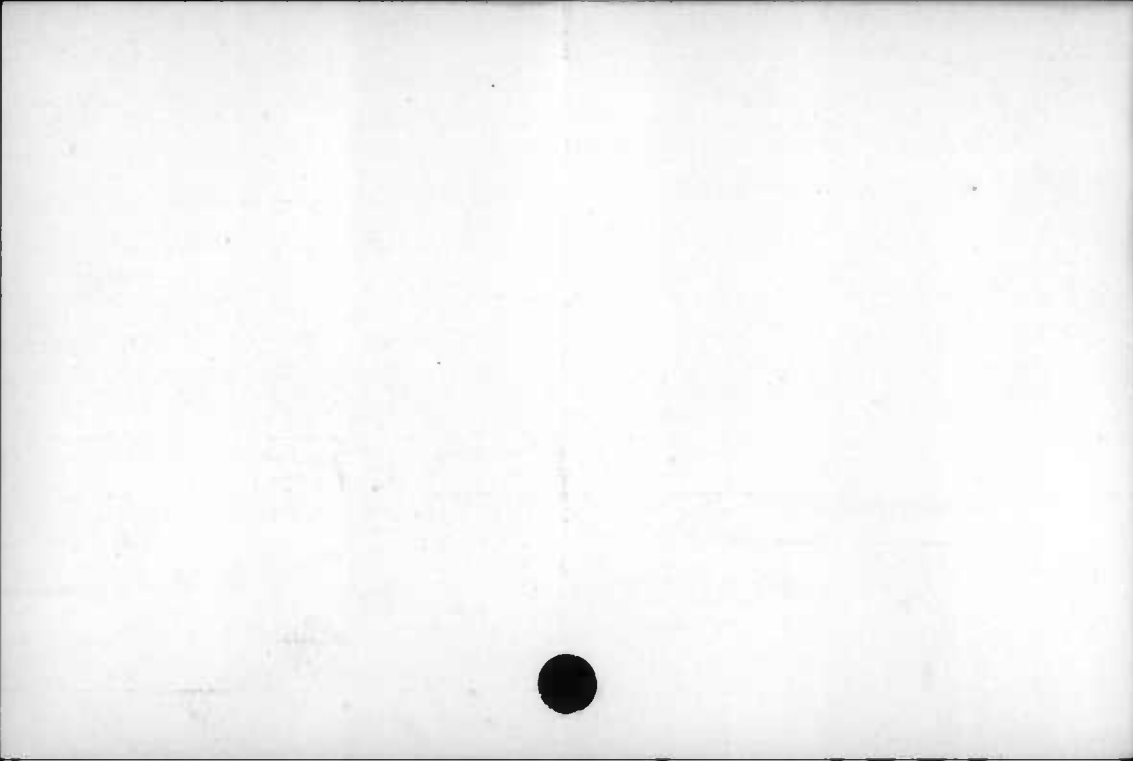
Died at		Town		County		State	
Federalsburg		Caroline		Maryland			
Date of death	1908	Month	Sep	Day	26	Age	78
Sex		Color or Race		Birth-place			
Female		black		md			
Occupation		Where Residing if not at place of death					
Housewife							
Married, Single or Widowed	Widow	Name of Wife or Husband		Washington Lammou			
Father's Name	Henry Thomas	Father's Birthplace		md			
Mother's Maiden Name	unknown	Mother's Birthplace		md			
Name of person giving information	Mrs Sol Collins	How related to deceased		daughter			

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary	Debility General	How long	1 year
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	R Kemp Jefferson
		Address	Federalsburg md
Accident or Suicide?			





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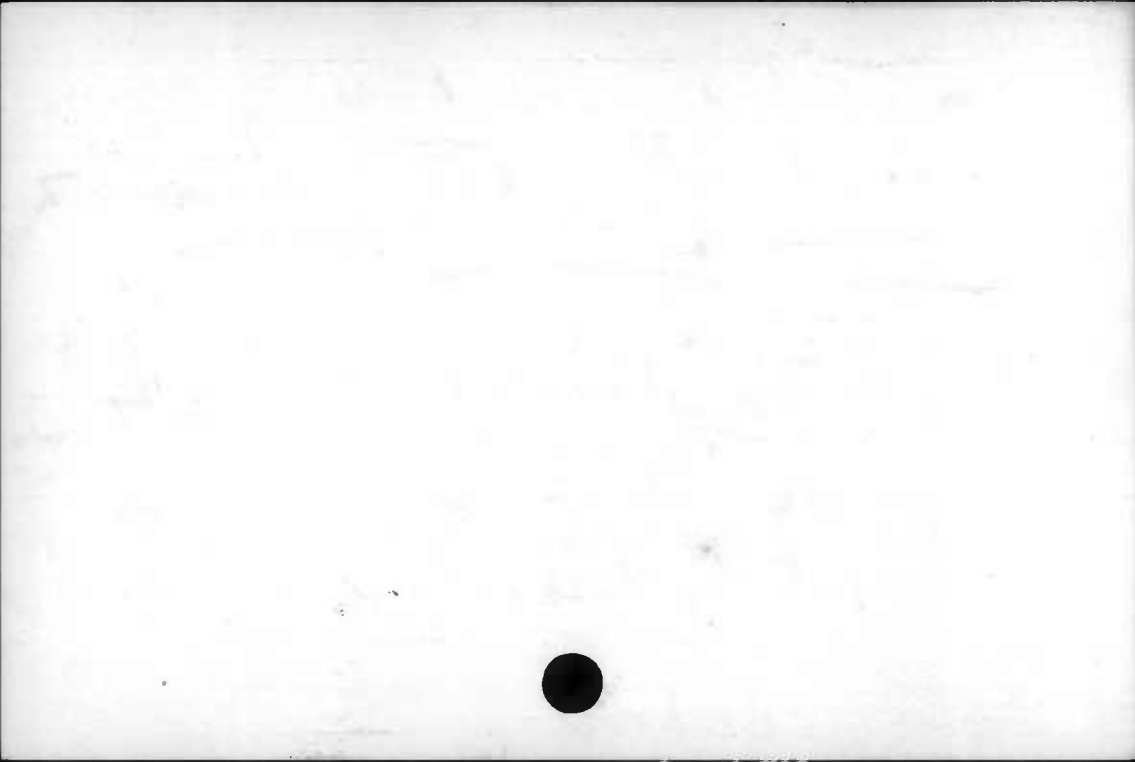
Died at <i>Alms House</i>		Town <i>Alms House</i>		County <i>Caroline</i>		State <i>MARYLAND</i>	
Date of death <i>1908</i>	Month <i>Sept</i>	Day <i>14</i>	Age <i>20</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Not known</i>				
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Alms House</i>						
<input checked="" type="checkbox"/> Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Not known</i>		Father's Birthplace <i>Not known</i>					
Mother's Maiden Name <i>Not known</i>		Mother's Birthplace <i>Not known</i>					
Name of person giving Information <i>Wm. H. Carey</i>		How related to deceased <i>Nephew</i>					

## CAUSES OF DEATH

36

PHYSICIAN  
OR CORONER

Primary <i>Syphilis</i>	How long <i>Not known</i>
Immediate <i>Embolism</i>	How long <i>Spent Months</i>
Are the name, age, sex, color, data and place correctly given above?	Signature of Physician <i>Thos. J. Ambrose</i>
	Address <i>Denton Md.</i>
<input checked="" type="checkbox"/> Accident or Suicide	



Name  
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Full

Eva Virginia Chambers

## CERTIFICATE OF DEATH

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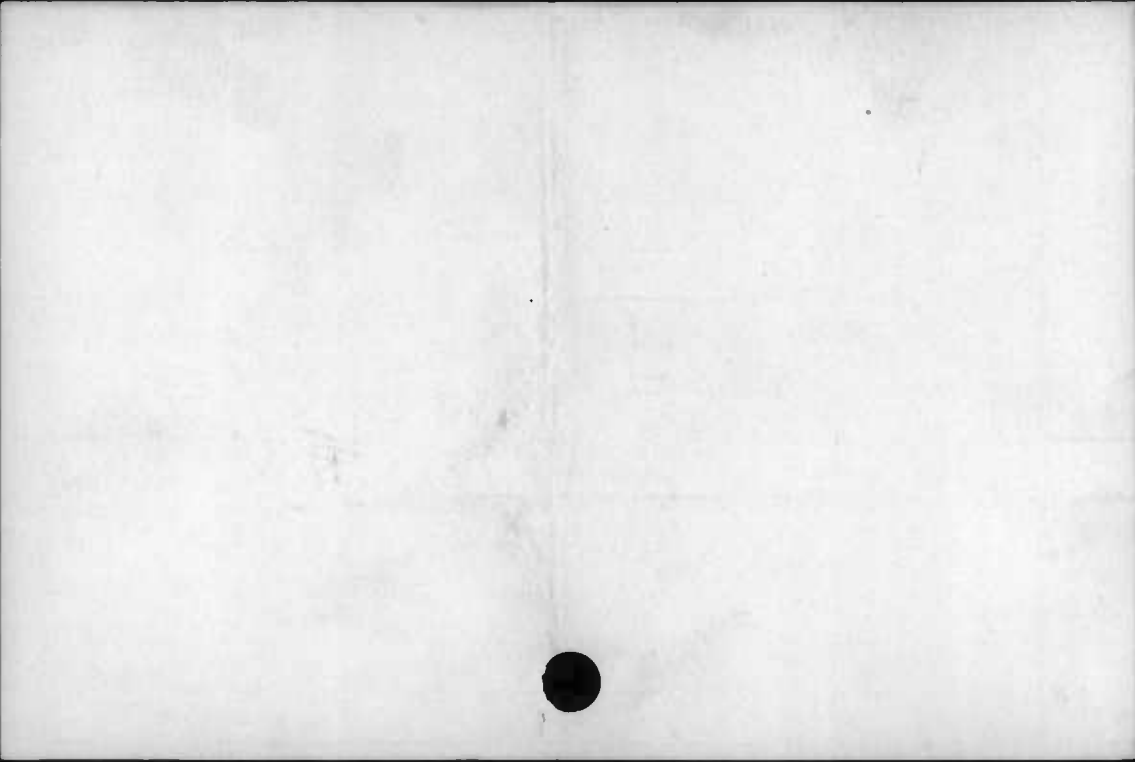
Died at <u>Her Hillsboro</u> <sup>Town</sup>		<u>Coral</u> <sup>County</sup>		MARYLAND	
Date of death	1908	Month	9	Day	24
Age	Years		Months		Days
Sex	Girl		Color or Race	Negro	
Occupation			Birth-place	Same as death	
Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

176

PHYSICIAN  
OR CORONER

Primary	Rallied over on it during the night they think. It was all right on going	
Immediate	Are the name, age, sex, color, date and place correctly given above?	
Signature of Physician	Address	
Accident or Suicide?	Accident	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Dorchester</u> <small>Town</small>		<u>Camden</u> <small>County</small>	
		Date of death <u>1908</u> <small>Month</small> <u>Sept-</u> <small>Day</small> <u>1</u>		Age <u>24</u> <small>Years</small> <u>-</u> <small>Months</small> <u>-</u> <small>Days</small>	
		Sex <u>Male</u>		Color or Race <u>White</u>	
		Occupation <u>Carrige Painter</u>		Where Residing if not at place of death <u>Dorchester Md</u>	
		Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>-</u>	
		Father's Name <u>Clinton Cook</u>		Father's Birthplace <u>D. A. Emily Md</u>	
Mother's Maiden Name <u>Sadie L Russell</u>		Mother's Birthplace <u>Kent-G. Md</u>			
Name of person giving information <u>Clinton Cook</u>		How related to deceased <u>Father</u>			
CAUSES OF DEATH <span style="float: right;">179</span>					
PHYSICIAN OR CORONER		Primary <u>Gastric, Fever</u>		How long <u>15 days</u>	
		Immediate <u>Wern mchapt heart failure</u>		How long <u>Insidiously</u>	
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Enoch Leary M.D.</u>	
		Address <u>Dorchester County Maryland</u>			
Accident or Suicide? <u>-</u>					



Name in Full		Julia Anne Cooper				CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND							
		Date of death		1908	Month	9	Day	22	Age	79	Years	Months	Days
		Sex		Female		Color or Race		White		Birth-place		Ind	
		Occupation		Housewife		Where Residing if not at place of death		Same					
		Married, Single or Widowed		Widow		Name of Wife or Husband		John W F Cooper					
		Father's Name		Dr Foster		Father's Birthplace		Ind					
		Mother's Maiden Name		Miss Buckmann		Mother's Birthplace		Ind					
Name of person giving information		Mary Belle Laine		How related to deceased		Daughter							
		CAUSES OF DEATH				154							
PHYSICIAN OR CORONER		Primary		Scarcity		How long		Several months					
		Immediate		Exhaustion		How long							
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		P. R. Fisher					
						Address		Denton Ind					
		Accident or Suicide?											
LIBRARY BUREAU A88816													





Name  
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Full

## CERTIFICATE OF DEATH

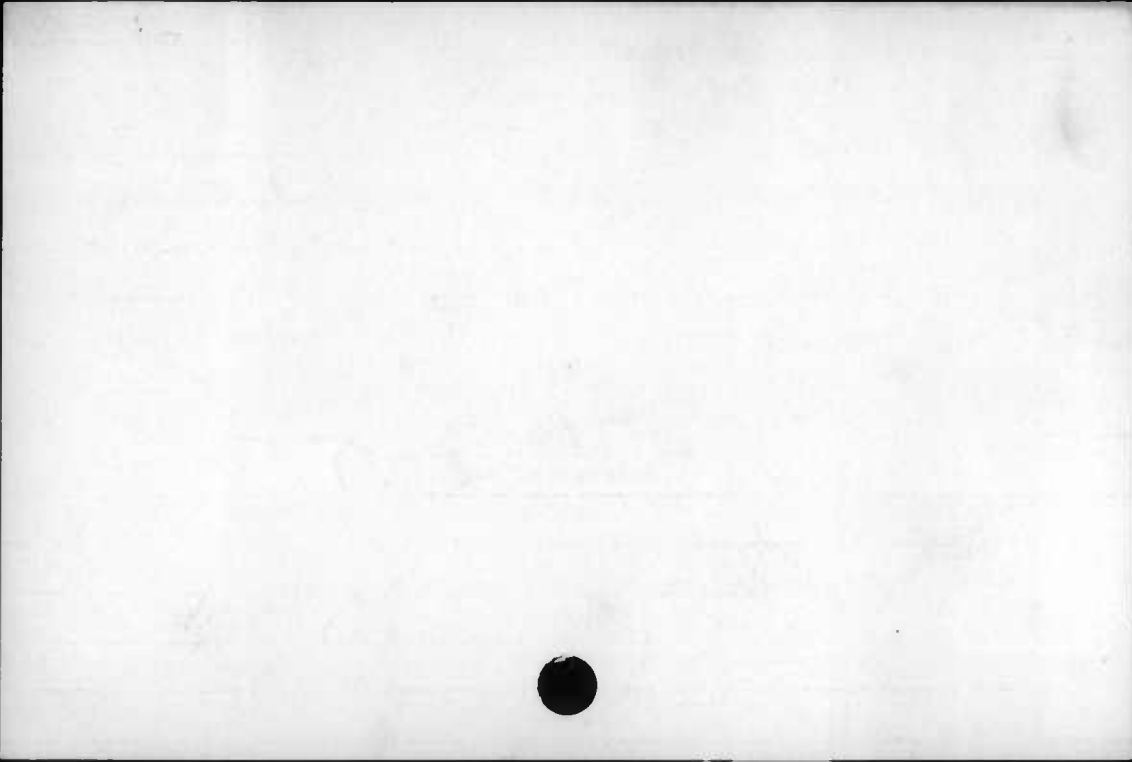
TO BE ANSWERED BY  
NEAREST FRIEND

Name *Martha J. Higgins* -  
 Died at *Ridgely* <sup>Town</sup> *Caroline* <sup>County</sup>  
 Date of death *1908* <sup>Month</sup> *Sept* <sup>Day</sup> *8* <sup>Years</sup> *Age 65* <sup>Months</sup> <sup>Days</sup>  
 Sex *Female* Color or Race *White* Birth-place *Md*  
 Occupation *Housewife* Where Residing if not at place of death *Ridgely -*  
 Married, Single or Widowed *Widow* Name of Wife or Husband *Thos. H. Higgins*  
 Father's Name *Elias Cole* Father's Birthplace *Md*  
 Mother's Maiden Name *Elliott* Mother's Birthplace *Md*  
 Name of person giving information *Mrs B. Higgins* How related to deceased *Son*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Typhoid Fever* ☒ How long *Four weeks*  
 Immediate *Exhaustion*  
 Are the name, age, sex, color, date and place correctly given above? *Yes*  
 Signature of Physician *J. D. Stone*  
 Address *Ridgely Md*  
 Accident or Suicide? *No*



Name  
in  
Full

Sister Mary Juliana Hornick -

## CERTIFICATE OF DEATH

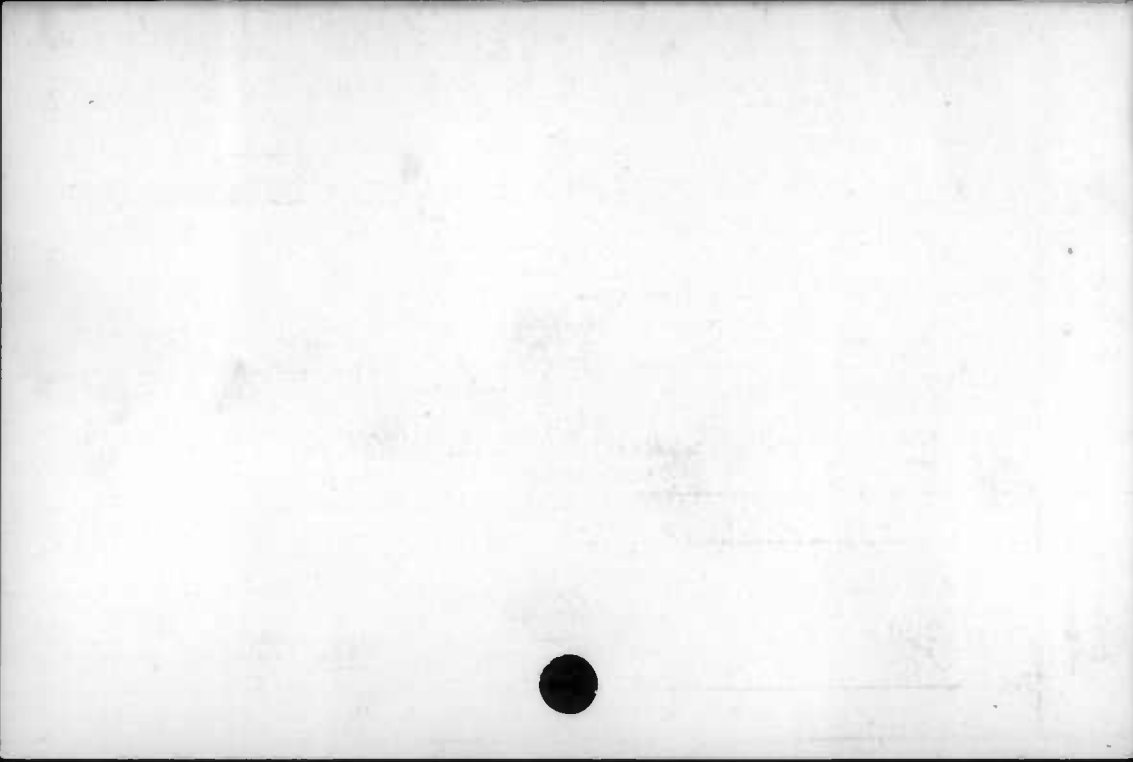
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Ridge</i>		<i>Caroline</i>		MARYLAND	
Date of death	1908	Month	Sept	Day	25
Age		56	Years	4	Months
Sex		Female	Color or Race	White	Birth-place
Occupation		Religious	Where Residing if not at place of death		
Married, Single or Widowed		Single	Name of Wife or Husband		
Father's Name		Christopher Hornick	Father's Birthplace		
Mother's Maiden Name		Richelme Fleckenstein	Mother's Birthplace		
Name of person giving information		M. Dolores Berg	How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Typhoid Fever	How long	2 weeks
Immediate	Intestinal hemorrhage	How long	2 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		D. S. Shown	
Address		Ridge	
Accident or Suicide?		No	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Olive Hyman</i>		Town <i>near Ridgely</i>		County <i>Caroline</i>		State <b>MARYLAND</b>	
Died at <i>near Ridgely</i>		Month <i>Sept</i>		Day <i>23</i>		Age <i>4</i> Years <i>12</i> Months <i>12</i> Days	
Date of death <i>1908</i>		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>	
Occupation <i></i>				Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>					
Father's Name <i>Henry M. Hyman</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Annie E. Richardson</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving Information <i></i>		How related to deceased <i></i>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Marasmus</i>	How long <i>(151)</i>	How long <i>4 mo. 14 days</i>
Immediate <i>Exhaustion</i>	How long <i></i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>S. S. Stora</i>	
<i>9</i>	Address <i>Ridgely</i>	
Accident or Suicide <i>No</i>	<i>Pruth</i>	



Name  
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Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

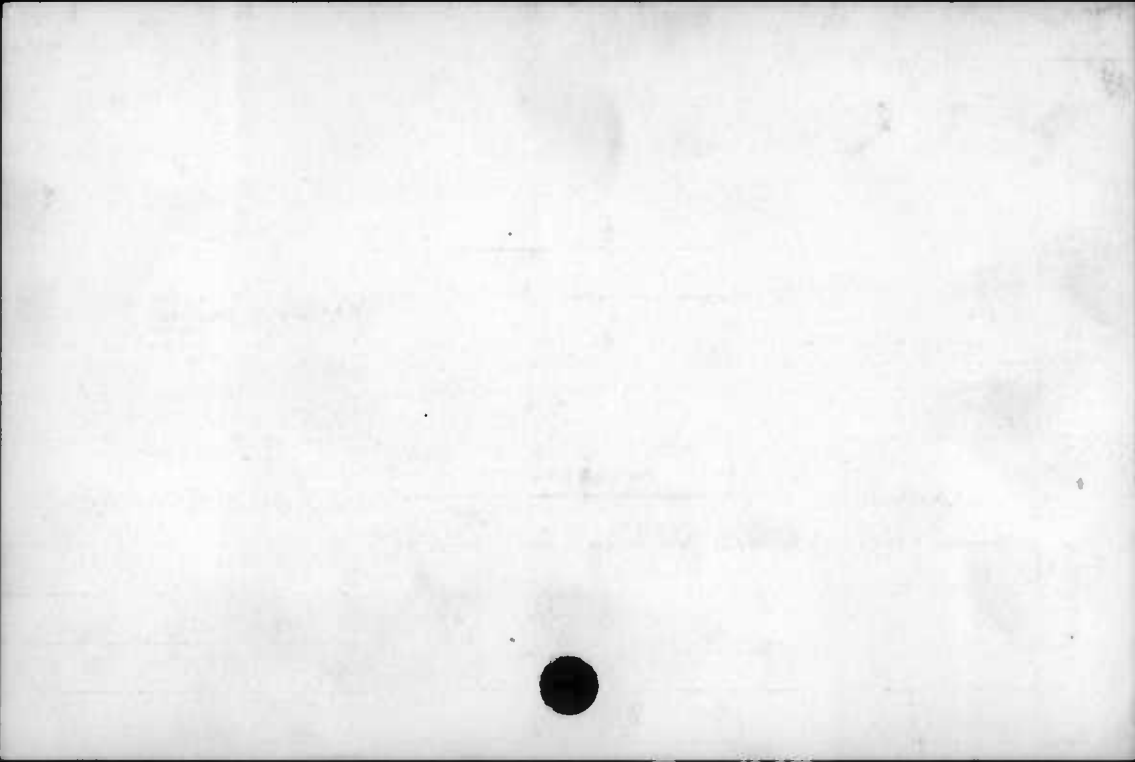
Died at <i>Maydel</i> Town		<i>Caroline</i> County			
Date of death <i>1908</i>	Month <i>Sept.</i>	Day <i>29</i>	Years <i>46</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
Occupation <i>farmer</i>	Where Residing if not at place of death <i>at home</i>				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Jaymie Faulkner</i>				
Father's Name <i>Edw. M. Ginn</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Kitty Clough</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Harry Berth</i>	How related to deceased <i>no relation</i>				

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis - Appendicitis</i>	How long <i>4 weeks</i>
Immediate <i>weak heart</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. E. Evans</i>
	Address <i>Maydel Md.</i>
Accident or Suicide? <i>9</i>	





Name  
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CERTIFICATE OF DEATH

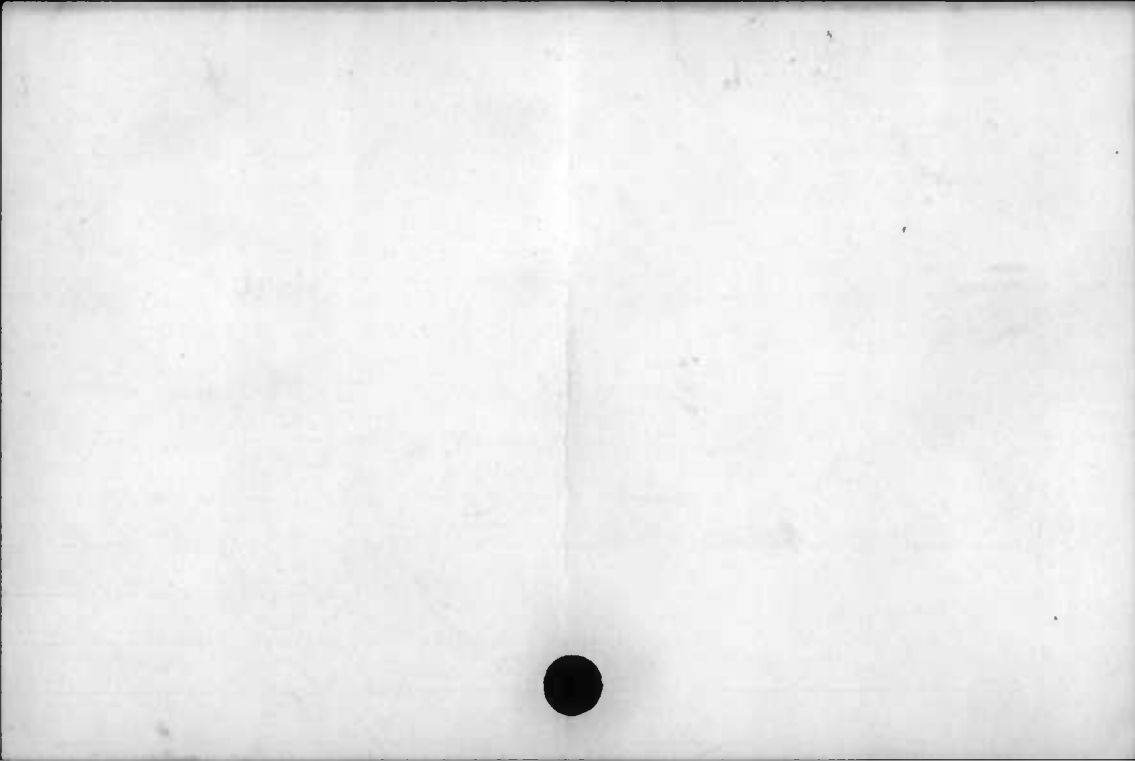
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hickman</i> Town <i>Maloney</i> County <i>Mad. Caroline</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Sept</i>	Day <i>5</i>	Age <i>3</i> Years Months <i>3</i> Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Hickman</i>	
Occupation <i>X</i>	Where Residing if not at place of death <i>X</i>		
<del>Single</del>	Name of Wife or Husband <del><i>Charles Maloney</i></del>		
Father's Name <i>Clem Maloney</i>	Father's Birthplace <i>Hickman</i>		
Mother's Maiden Name <i>Ella Noble</i>	Mother's Birthplace <i>Hickman</i>		
Name of person giving information <i>Clem Maloney</i>	How related to deceased <i>Parents</i>		

CAUSES OF DEATH

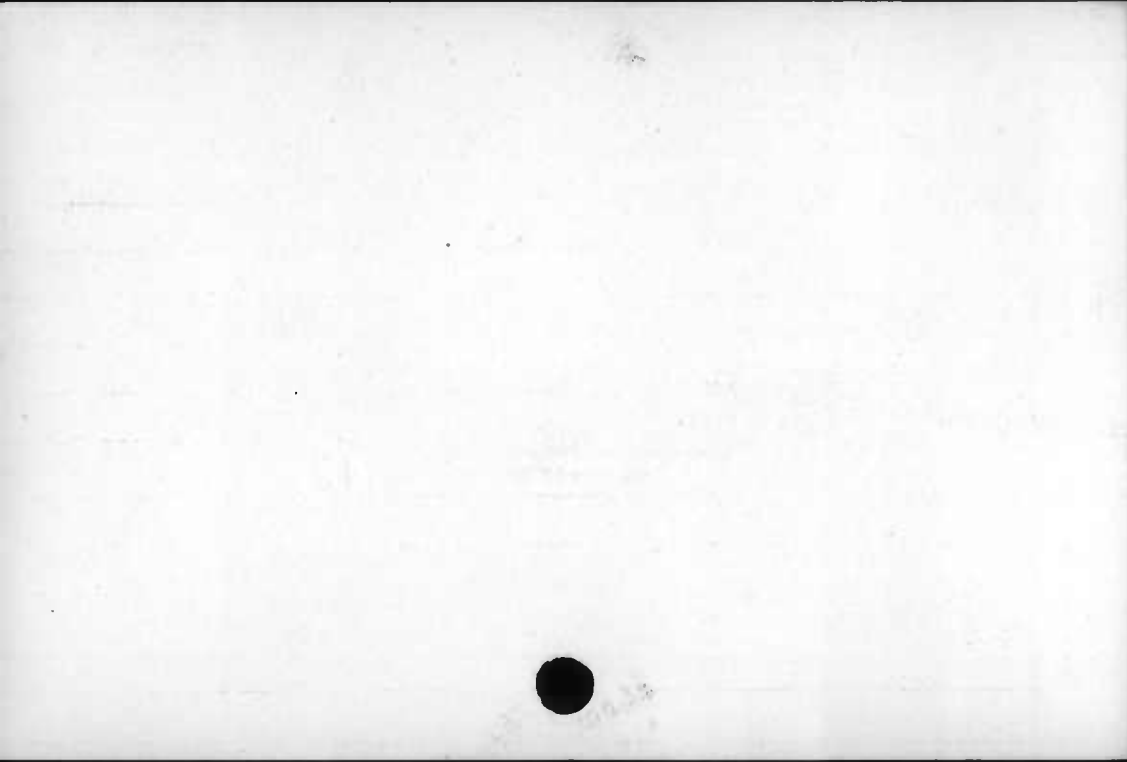
PHYSICIAN  
OR CORONER

Primary <i>Choked Infants</i>	How long <i>105</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Walter S Hunter</i>
	Address <i>Greenwood Del</i>
Accident or Suicide?	



Name in Full		Bella Moore				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Denton		County		MARYLAND	
	Date of death	1908	Month 9	Day 30	Age	Years 6	Months
	Sex	Female		Color or Race	Black		Birth-place
	Occupation	Infant		Where Residing if not at place of death		Denton Md	
	Married, Single or Widowed	Single		Name of Wife or Husband		-	
	Father's Name	Edward Moore				Father's Birthplace	Maryland
	Mother's Maiden Name	Mamie Seth				Mother's Birthplace	Maryland
Name of person giving information	Mamie Moore				How related to deceased	Mother	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Marasmus				How long	6 Weeks
	Immediate	Exhaustion				How long	5 days
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	Dr. George M. A.
						Address	Denton Caroline Co Maryland
	Accident or Suicide?	-					

179



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Herman Perry* Town *Mr Preston* County *Caroline* MARYLAND

Died at *Mr Preston*

Date of death 190 *8* Month *Sept* Day *3* Age *21* Years Months *4* Days

Sex *Male* Color or Race *White* Birth-place *Md.*

Occupation *Farmer* Where Residing if not at place of death *Mr Preston*

Married, Single or Widowed *Single* Name of Wife or Husband *Nank*

Father's Name *Francis L. Perry* Father's Birthplace *Wid*

Mother's Maiden Name *Mary E. Conneely* Mother's Birthplace *Wid*

Name of person giving Information *J L Perry* How related to deceased

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Typhoid Fever* How long *5 weeks*

Immediate *Heart failure* How long *12 hours*

Are the name, age, sex, color, data and place correctly given above? ☒

Signature of Physician *Raymond Dawkins* Address *Preston*

Accident or Suicide ☒

Handwritten scribble or signature



Name  
in  
Full

Chas. Rasher.

## CERTIFICATE OF DEATH

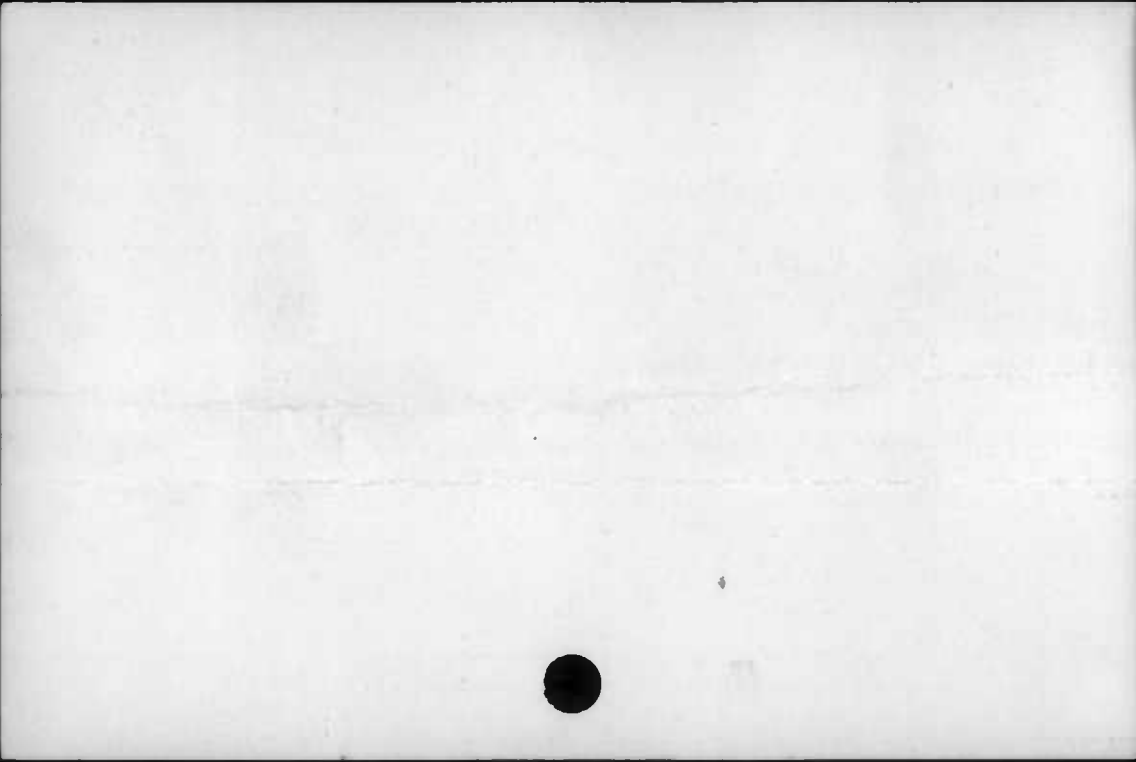
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Henderson</i> Town		<i>Caroline</i> County		MARYLAND	
Date of death	<i>1908</i>	Month	<i>Sep.</i>	Day	<i>19</i>
Age - <i>4</i>		Years	<i>4</i>	Months	<i>5</i>
Sex	<i>M</i>	Color or Race	<i>White</i>	Birth-place	<i>Delaware</i>
Occupation <i>none</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Master F. Rasher</i>		Father's Birthplace <i>Delaware</i>			
Mother's Maiden Name <i>Ella Ford</i>		Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>M. F. Rasher</i>		How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	<i>3 weeks</i>
Immediate	<i>Toxemia</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>Hebron</i>	
Address		<i>Goldsboro Md</i>	
Accident or Suicide?			





Name  
in  
Full

Elizabeth Rickards

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

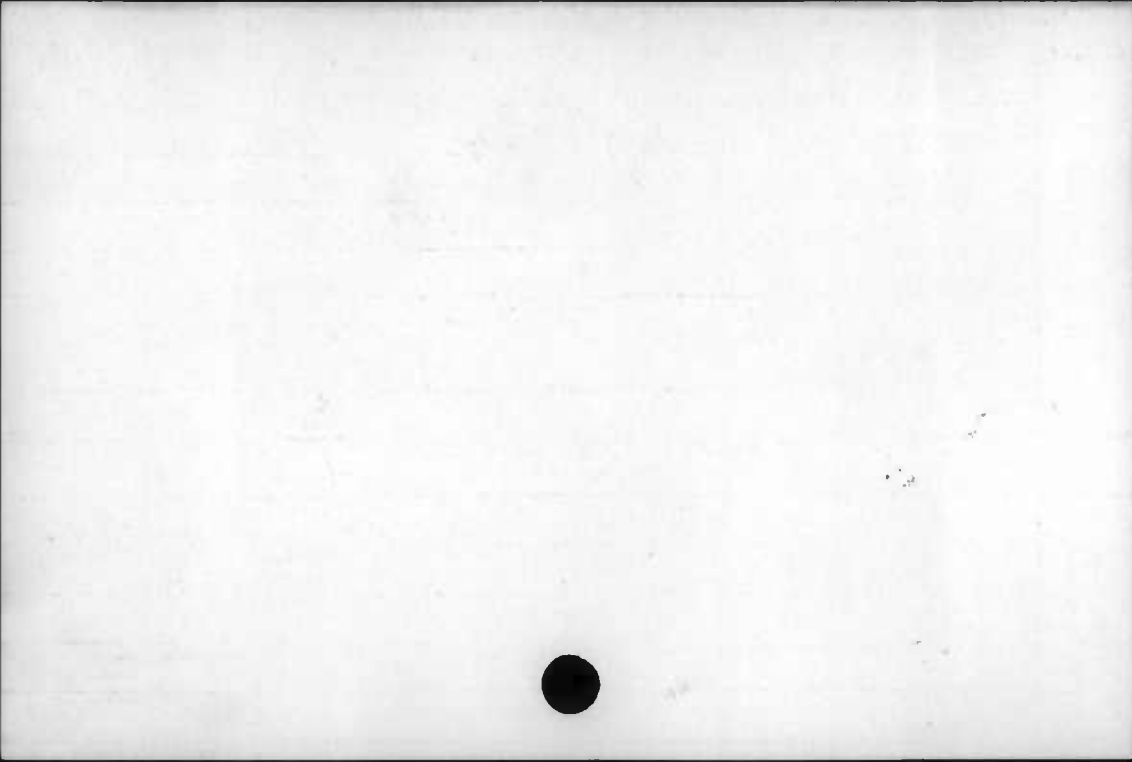
Died at <i>Marydel</i> <sup>Town</sup>		<i>Caroline</i> <sup>County</sup>		MARYLAND	
Date of death	1908	Month	Sept	Day	22nd
Age		63		Years	
Sex	Female	Color or Race	White	Birth-place	Maryland
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
married		Hesley H. Rickards			
Father's Name	Henry Lemly			Father's Birthplace	Maryland
Mother's Maiden Name	Frances Pippin			Mother's Birthplace	Maryland
Name of person giving information	H. H. Rickards			How related to deceased	Husband

## CAUSES OF DEATH

106

PHYSICIAN  
OR CORONER

Primary	Stomach trouble	How long	6 months
Immediate	Heart	How long	4 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		J. E. Evans	
		Address	
		Marydel	
		M.D.	
Accident or Suicide?			



Name  
in  
Full

Elmer J. Sparks

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

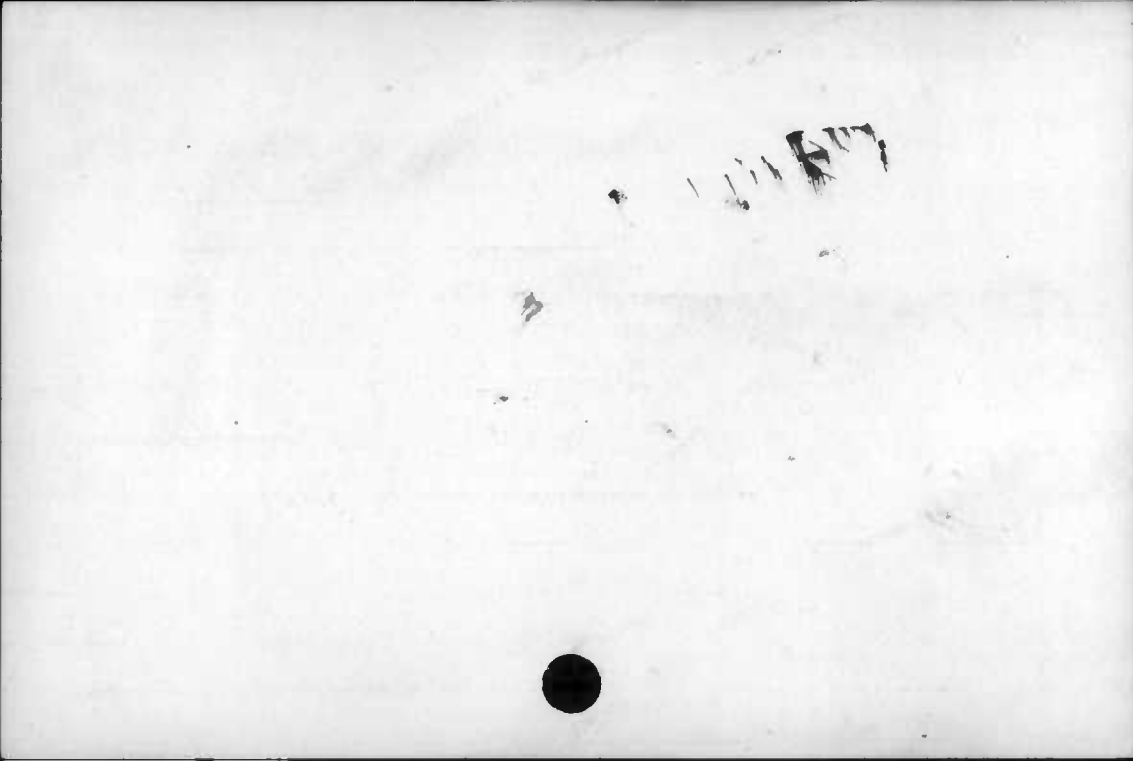
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		9	1	—	—	Three	12
Sex	Male	Color or Race	White		Birth-place	Burroville	
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		P. O. Sparks				Father's Birthplace	
						Q. H. Co. MD	
Mother's Maiden Name		Lelia E. Stafford				Mother's Birthplace	
						Barclay MD	
Name of person giving information		P. O. Sparks				How related to deceased	
						Father	

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	Imperfect development		How long	from Birth
Immediate	Infantile Convulsion		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			Address	
			The Grady Hotel	
Accident or Suicide?				



Name  
in  
Full

David Steyer

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Tuckahoe*

Town

*Caroline*

County

Date

of death *1908*

Month

*9*

Day

*18*

Age

Years

*-*

Months

*-*

Days

*14*

Sex

*Male*Color or  
Race*White*Birth-  
place*Tuckahoe Md*

Occupation

*-*Where Residing if not  
at place of death*Tuckahoe*Married, Single  
or Widowed*-*Name of Wife or  
Husband*-*Father's  
Name*H. H. Steyer*Father's  
Birthplace*Penn*Mother's  
Maiden Name*Ida Steyer*Mother's  
Birthplace*"*Name of person giving  
Information*H. H. Steyer*How related  
to deceased*Father*

## CAUSES OF DEATH

**151**

Primary

*Icterus Neonatorum*

How long

*10 days*

Immediate

*Exhaustion*

How long

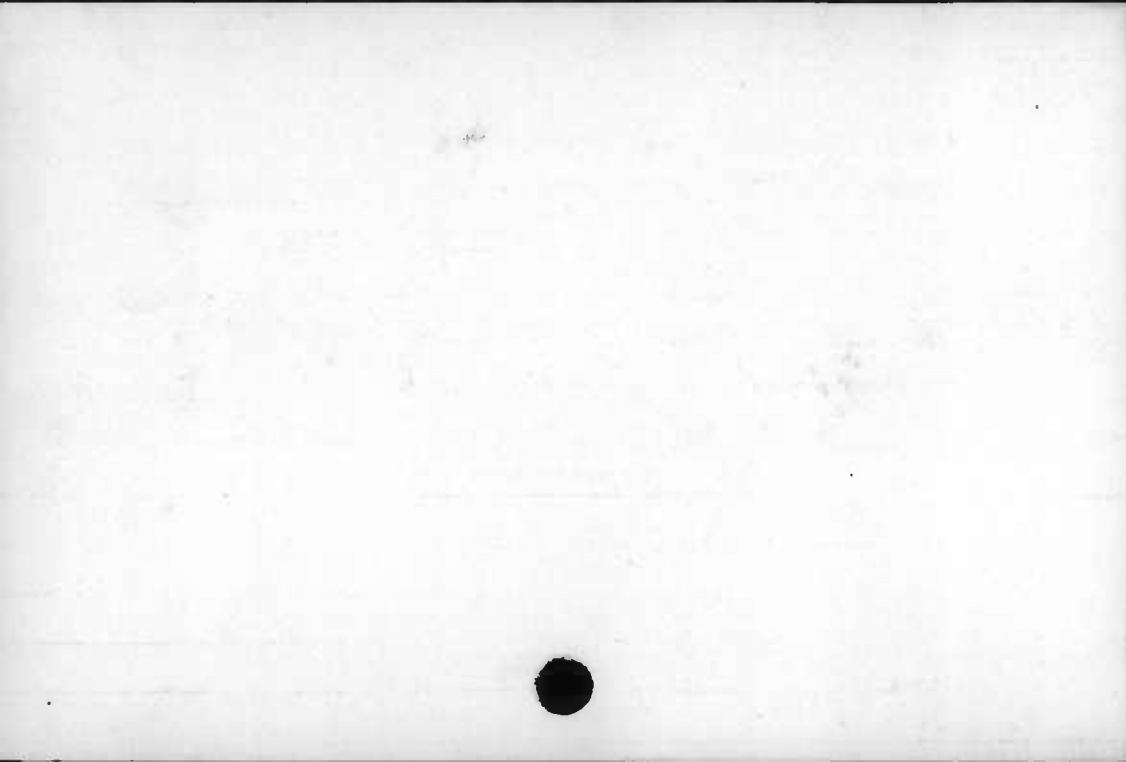
*24 hours*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician

Address

*J. C. Madara  
Ridgely Md.*

Accident or Suicide?

*No*PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Sarah E. Thomas

Died at <sup>Town</sup> near Bethesda <sup>County</sup> Caroline

MARYLAND

Date of death 190 8 <sup>Month</sup> Seph <sup>Day</sup> 11 <sup>Years</sup> Age 70 <sup>Months</sup> — <sup>Days</sup> —Sex Female <sup>Color or Race</sup> White <sup>Birth-place</sup> Caroline Co MdOccupation Housewife <sup>Where Residing if not at place of death</sup>Married, Single or Widowed widowed <sup>Name of Wife or Husband</sup> John ThomasFather's Name Henry Baker <sup>Father's Birthplace</sup> Md.Mother's Maiden Name Don't know <sup>Mother's Birthplace</sup> Don't knowName of person giving Information Frank Thomas <sup>How related to deceased</sup> Son

## CAUSES OF DEATH

104

Primary <sup>How long</sup> Supposed to be acute indigestion 20 minutesImmediate <sup>How long</sup>

Are the name, age, sex, color, date and place correctly given above? Yes

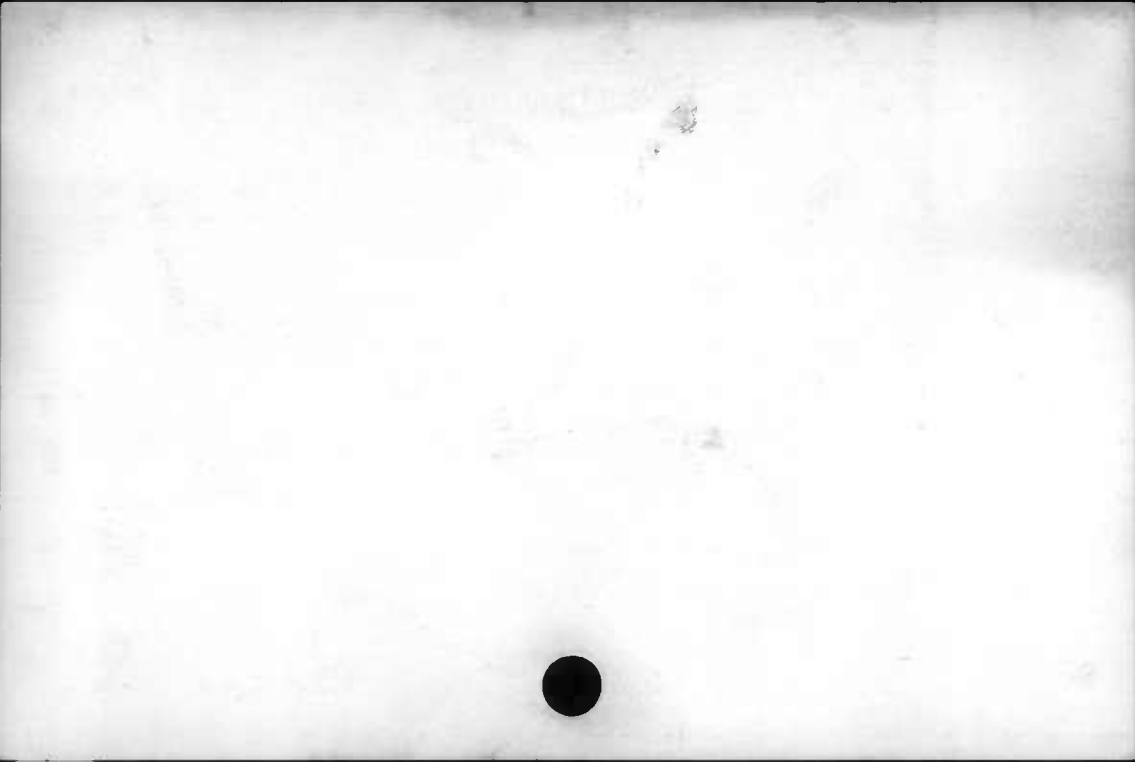
Signature of Physician

Address

J. L. Noble  
Briston  
Md.

Accident or Suicide

PHYSICIAN  
OR CORONER





Name  
in  
Full

Wm - Wray -

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

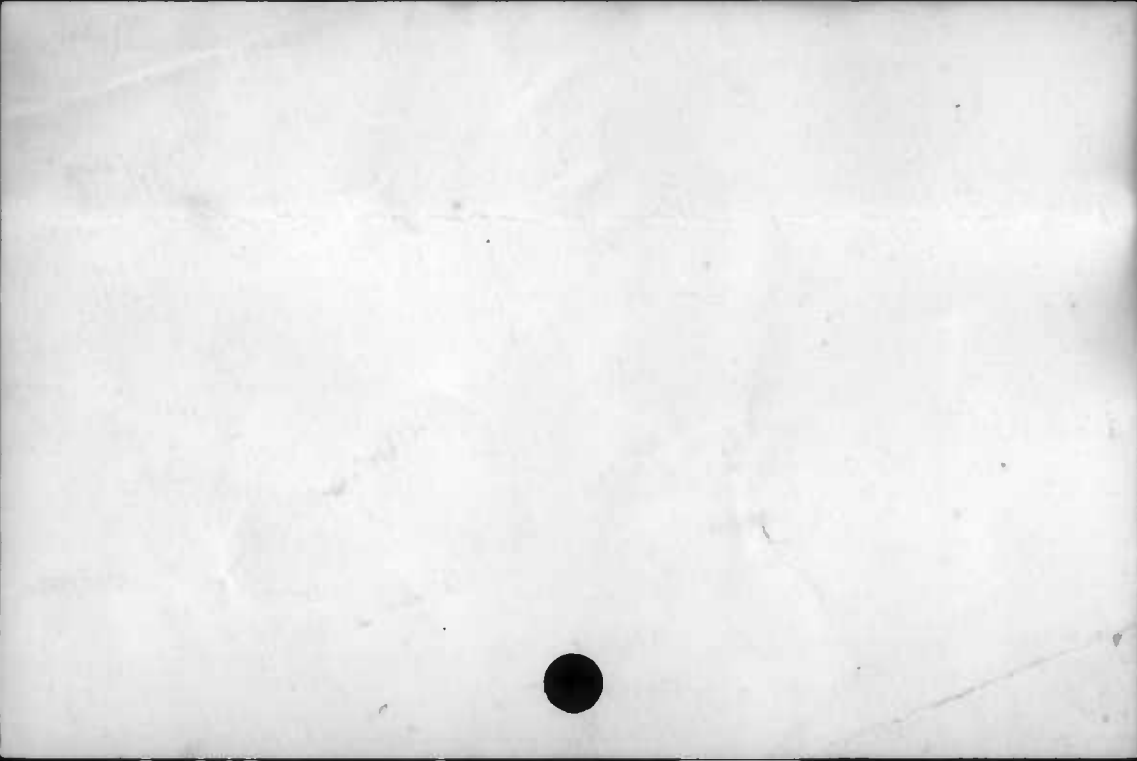
Died at		Town Gloss, Mo -		County Carterville		MARYLAND	
Date of death		1908	Month Sept.	Day 27	Age 1	Years 11	Months —
Sex Male		Color or Race White -		Birth-place Gloss, Mo -			
Occupation none		Where Residing if not at place of death —					
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name Alcador Wray		Father's Birthplace Ile.					
Mother's Maiden Name Ada Taylor		Mother's Birthplace Ile -					
Name of person giving information Alcador Wray		How related to deceased Father -					

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	Enteric Crisis	How long	6 weeks -
Immediate	Mucous membrane	How long	4 days
Are the name, age, sex, color, date and place correctly given above? no		Signature of Physician J. R. Wray	
		Address Gloss, Mo	
Accident or Suicide?		Wm D.	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

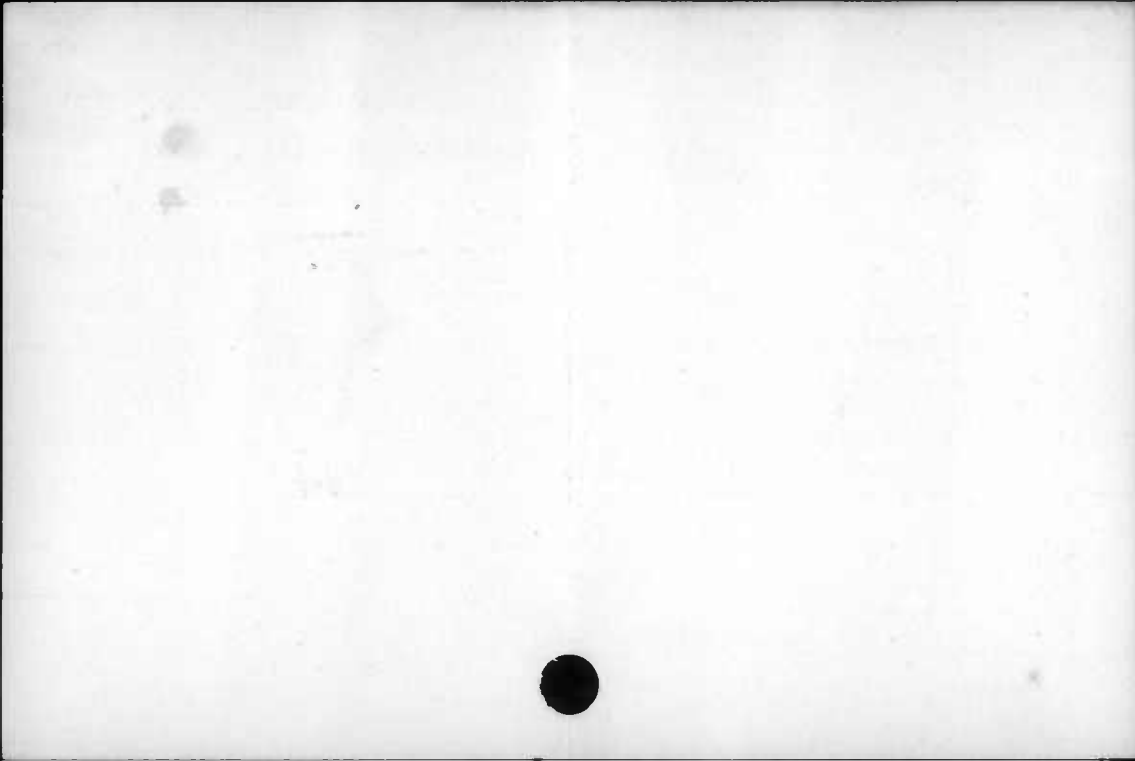
Name in Full <i>Louisa Washington</i>		Town <i>Federalburg</i>		County <i>Caroline</i>		MARYLAND	
Died at <i>Federalburg</i>		Month <i>Sept</i>		Day <i>12<sup>th</sup></i>		Age <i>80</i>	
Date of death <i>1908</i>		Months <i>8</i>		Days <i>12</i>		Where Residing if not at place of death	
Sex <i>female</i>		Color or Race <i>Black</i>		Birth-place <i>md</i>			
Occupation <i>none</i>							
Married, Single or Widowed <i>single</i>		Name of Wife or Husband					
Father's Name <i>John Washington</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Hester Banthron</i>		Mother's Birthplace <i>md</i>					
Name of person giving information <i>Janet Washington</i>		How related to deceased <i>sister</i>					

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <i>Heart Disease</i>		How long <i>1 month</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>R Kemp Jefferson</i>	
Accident or Suicide? <i>9</i>		Address <i>Federalburg md</i>	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Baby Woolley*

Town *Ridgely* County *Caroline*

Died at *Ridgely* *Caroline*

State *MARYLAND*

Date of death *1908* Month *9* Day *5* Age *—* Years *—* Months *—* Days *—*

Sex *Female* Color or Race *White* Birth-place *Ridgely*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Edgar J Woolley* Father's Birthplace *Michigan*

Mother's Maiden Name *Julia McQuay* Mother's Birthplace *Taibb's Md*

Name of person giving information *Edgar J Woolley* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Still born (7 months)* How long *(S)*

Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. C. Madara*

Address *Ridgely Md*

*Accident or Suicide?*

(4)

